



Safari Kid

... a jungle of knowledge

MEDICAL FORM

Medical Form

General Information

Child's Name

Date Of Birth

Gender

| |
|--------------------|
| Child's Photograph |
|--------------------|

Parent's Information

| | Mother | Father |
|---------------|--------|--------|
| Name | | |
| Mobile Number | | |
| Home Number | | |
| Work Number | | |

Emergency Contact *(Other than parents)*

| | Mother | Father |
|---------------|--------|--------|
| Name | | |
| Mobile Number | | |
| Home Number | | |

Does your child have, or has your child suffered from any of the following health related issues?

| | YES | NO | | YES | NO |
|-------------------|-----|----|-----------------|-----|----|
| Allergies | | | Rheumatic Fever | | |
| Asthma | | | Diabetes | | |
| Bone/Joint Injury | | | Epilepsy | | |
| Chronic Illness | | | Skin Disorder | | |
| Concussion | | | Thalassaemia | | |
| Hernia | | | Heart Disease | | |
| Heart Murmur | | | Loss of Hearing | | |

If you have answered yes to any of the above, please speak to the Director or the Nurse directly.

Does your child have, or has your child suffered from any of the following health related issues?

| | Date | YES | NO | | Date | YES | NO |
|----------------|------|-----|----|----------------------|------|-----|----|
| Chicken Pox | | | | Infectious Hepatitis | | | |
| Diphtheria | | | | Measles | | | |
| Dysentery | | | | Rubella | | | |
| Scarlet Fever | | | | Tuberculosis | | | |
| Whooping Cough | | | | | | | |

Blood Group

Blood Group Of Child _____

Blood Group of Mother _____

Blood Group of Father _____

Has the child ever been admitted into a hospital or undergone any surgery? If yes please give details.

YES NO

Is the child on medication; Short term or Long term? If yes please give details.

YES NO

Has your child been assessed by a specialist such as an Occupational Therapist, Speech Therapist or other? If yes, please provide details to the Director including dates and any reports which you were given.

YES NO

Any other important information relating to your child's health that you feel we might need to know?

YES NO

Parent's Name _____

Parent's Signature _____

Date _____